

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

KAREN POTTER

Print Name

Karen Potter

Signature

9/4/18

Date

DWAYNE POTTER

Print Name

(Loss of Consortium Plaintiff)

Dwayne Potter

Signature

9/4/18

Date

**JOINT
EXHIBIT**

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

KAREN POTTER
Print Name

Karen Potter
Signature

8-21-18
Date

DWAYNE POTTER
Print Name
(Loss of Consortium Plaintiff)

Dwaine Potter
Signature

8-21-18
Date

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

Bob Foss _____ Say Hello
Print Name

Signature of Student _____

Date 8-21-2018

Print Name
(Loss of Consortium Plaintiff)

Signature _____

Date _____

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

Bertha L Swales
Print Name

Bertha L Swales
Signature

8-29-2018
Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

K. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

L. Decedent's death certificate (if applicable).

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

ANNE Bresnock
Print Name

[Signature]
Signature

9/4/18
Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

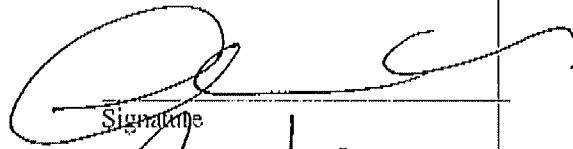
K. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

L. Decedent's death certificate (if applicable).

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

ANNE Bresnock
Print Name


Signature

5/24/18
Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date